

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101549378

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/				
2	/	/				
3	/	/				
4	/	/				
5	/	/				
6	/	/				
7	/	/				
8	/	/				
9	/	/				
10	/	/				
11	/	/				
12	/	/				
13	/	/				
14	/	/				
15	/	/				
16	/	/				
17	/	/				
18	/	/				
19	/	/				
20	/	/				
21	/	/				
22	/	/				
23	/	/				
24	/	/				
25	/	/				
26	/	/				
27	/	/				
28	/	/				
29	/	/				
30	/	/				
31	/	/				
32			/	/		
33			/	/		
34			/	/		
35			/	/		
36			/	/		
37			/	/		
38			/	/		
39			/	/		
40			/	/		
41			/	/		
42			/	/		
43			/	/		
44			/	/		
45			/	/		
46			/	/		
47			/	/		
48			/	/		
49			/	/		
50			/	/		
TOTAL IND.	5	↓	2	↓		↓
TOTAL DEP.	31	↓	25	↓		↓
TOTAL CLAIMS	36		27			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51			/	/		
52			/	/		
53			/	/		
54			/	/		
55			/	/		
56			/	/		
57			/	/		
58			/	/		
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						